

**SAINT
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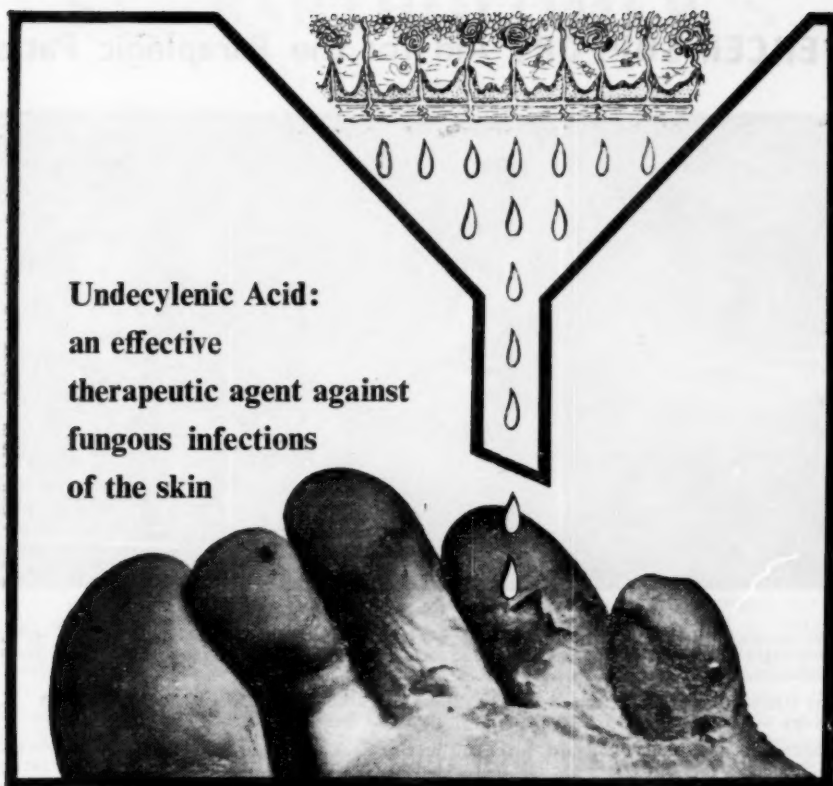
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ST. BARTHOLOMEW'S



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IN SEARCH OF SOMA

"Oh, Father, I should so like to be a Resurrection-Man when I'm quite growed up!" were the words of young Jerry Cruncher as he ventilated his youthful aspirations towards his father's "honest trade."

We do not, however, have to comb the realms of fiction to find evidence of the underhand steps that our predecessors were wont to take in order to obtain their anatomical material. The newspapers and periodicals of the eighteenth century, with their advertisements of impenetrable coffins, bear record of the body snatchers. Our ancient graveyards, too, with their bricked-up tombs, tell of the menace that Mr. Cruncher and his like were to the public. The monologue of *Mary's Ghost* addressed to her mourning lover in one of Thomas Hood's *Pathetic Ballads* cites the names of several distinguished gentlemen who were given to trading with the Resurrection-Men.

"... The arm that used to take your arm
Is took to Dr. Vyse,
And both my legs are gone to walk
the hospital at Guys. . . .

As for my feet, the little feet
You used to call so pretty,
There's one I know, in Bedford Row,
The t'other's in the City. . . .

The cock it crows—I must be gone.
My William, we must part!
But I'll be yours in death, altho'
Sir Astley has my heart. . . ."

No. 14 Bedford Row was the home of no less a person than Abernethy.

Everyone is familiar with the story of the conviction of Burke and Hare in 1827 for their trade in the bodies of their murdered victims. This was but one of several cases. The anatomists continued to labour under the cloud of public disapproval until the passing of the Anatomy Act in 1832. By this the supply of corpses was regularised, and it became legal for the unclaimed bodies of paupers to be used for dissection.

We have the good fortune now to live in times when paupers are rapidly becoming a race extinct. An outcome of this is a shortage of cadavers for dissection. We have read in the *B.M.J.* of the manufacture of plastic bones for teaching purposes. Are the days coming when anatomy will be learned from bakelite bodies? Rather must the public be encouraged to supply our needs in the more traditional way. In another context we hear of the lack of eyes for use in corneal grafting. Are our ophthalmologists to follow the practice of some of their continental colleagues and help themselves from cadavers without obtaining permission? This savours a little too much of Mr. Cruncher.

It is now commonplace for the bones of amputated limbs to be used for homogenous grafting and for blood donors by the thousand to give of themselves without a grudge. A few people already make arrangements in their lifetime to subscribe to our requirements of post-mortem material and it is not unreasonable to suppose that more might be willing to follow suit. It would be advantageous for the medical profession to make its needs more widely known.

VIEW DAY



Photograph by H. Charles, The Photographic Society.

Sir George Aylwen with Prof. Sir James Paterson Ross in Percival Pott Ward.

When the patients were asked if they had anything to say to the Treasurer and Governors this man astonished everyone by replying in the affirmative. On being invited to speak he declared: "I could not have been treated better if I'd been a king." There were audible sighs of relief from the entourage.

ABERNETHIAN SOCIETY

The 154th session was brought to a close on June 22 when Mr. Victor Bonney addressed the Society on "A Retrospect over Sixty Years."

The Annual General Meeting was held on June 15, when the Secretaries reported that the year had been a successful one. They stated that the average attendance at meetings had been higher than in recent years, and that it had been particularly pleasing to note the large proportion of pre-clinical students amongst the audiences.

During the session, eleven ordinary meetings and one clinical evening have been held, and three films have been shown. Speakers during the year have been Sir James Paterson Ross, Dr. Charles Hill, Professor J. W. S. Blacklock, Mr. Reginald Vick, Dr. Geoffrey Bourne, Sir Godfrey Russell Vick, Lord Moran, Professor Alexander Kennedy, Sir Heneage Ogilvie, Lord Webb-Johnson, and Mr. Victor Bonney.

The Committee for 1950-1951 is:—

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THE LIFE AND WORKS OF SIR D'ARCY POWER

The Subject of the Wise Prize Essay for 1950

I. THE LIFE OF SIR D'ARCY POWER

By G. DAVIES

I.

SIR D'ARCY POWER might say, with Percival Pott, that he served St. Bartholomew's Hospital "man and boy for half a century." He was a man of wide interests who laboured for many institutions and societies. But to the past history and present welfare of this hospital he was particularly devoted. His life is thus of special interest to us.

He was born on November 11th, 1855, at 3, Grosvenor Terrace, Pimlico, S.W. He was the eldest of eleven children: the names of many of his brothers and sisters became well known in the professions, and in business life. In the previous year his father, Henry Power, had been elected Fellow of the Royal College of Surgeons: his name is one of the first eight on the Roll. His father had a brilliant career at the University of London, and, at the time of D'Arcy's birth, lectured in Anatomy and Physiology. Though he was later to be first ophthalmic surgeon to St. Bartholomew's Hospital for nearly a quarter of a century, and later a Governor of the Hospital, he was at this time, like William Savory, living from hand to mouth. A friend wrote of him that "he was descended from an Irish family of soldiers, and was gifted with a handsome and distinguished face, and a splendid physique. The chivalry inherited from his paternal ancestry, in combination with the culture of his deeply religious mother, accounted for his single-heartedness and natural happiness of disposition." He was generous and kind, sympathetic and frank. His quick wit, keen perception and versatility derived from his Irish progenitors rendered him a delightful companion. His love for books and his devotion to his scientific work are qualities which appear markedly in the character of his eldest son. Henry Power was an excellent lecturer and examiner, and wrote on many subjects. A distinguished member of his profession, he was a Member of the Council, and a Vice-President of the Royal College of Surgeons.

Henry Power's grandfather, Lieut.-Col. Francis Power, was an ensign in the King's German Legion. The chief officer of the

engineers in the Legion was a Colonel D'Arcy, and it is from him that the name seems to have entered the family of Power; it was given to a child of Lieut.-Col. Power's first marriage.

Henry Power and Miss Ann Simpson were married at Whitby in 1854; it was here that the Simpson family had lived for hundreds of years. They were a family of businessmen, many of whom were Quakers; her father, Thomas Simpson, was a ship-owner and banker. Henry Power and his wife started life in London on a preposterously small sum, and "were generally considered a couple of little fools." Her dogged Yorkshire perseverance was to serve them both in good stead.

The boys and girls were brought up in a happy domestic atmosphere. With D'Arcy, especially, much care was needed, and his health caused his parents considerable anxiety. One illness, in which his right tibia was affected, is worthy of note: it probably accounted for his limp. The young child early showed that he had an excellent memory, and an aptitude for observation, which was equally pleasing to his father. From his teacher he learnt not so much reading, writing and arithmetic, as a habit of neatness for which he was ever thankful. He played either in the Green Park or on Clapham Common; while on Sunday mornings he would go, with the rest of the family, to Westminster Abbey.

When the family moved, in 1866, to 45, Seymour Street, it was decided that D'Arcy should be sent to the St. Marylebone and All Souls' Grammar School at No. 1, Cornwall Terrace, Regent's Park. The school, founded by the Rev. Henry North, father-in-law to Sir James Paget, drew its pupils from the sons of doctors who lived in the neighbourhood. In his first year, D'Arcy won a prize for reciting "The Lay of Horatius"; he went on winning prizes during his four years there. At the same time his father taught him the elements of Greek. Much of his holiday time was spent at Whitby; D'Arcy looked upon it as a

second, home, for many of his relations lived there.

At the age of fourteen he entered the Merchant Taylors' School, which was then in Suffolk Lane under Cannon Street Station. On entering he was placed in the upper third form. The education was mainly classical, and D'Arcy won several prizes while he was there. He showed his interest and ability in the subject by winning the Tyler Prize for History. At the same time he was awarded—in spite of his "vile handwriting"—the Pigeon and Pugh Prize for the boy best fitted for the merchant's office. This was the only occasion on which one boy won both prizes. In consequence of his winning the Tyler Prize, his last term at school was devoted to a special study of history. Though he later took up Natural Science at Oxford, and became a surgeon, he often "played truant" from his surgical practice, and it was his first love for History that was most often responsible for this.

In 1874 he went to Oxford. The group which entered New College that Michaelmas Term spent most of its time on the Upper River: here Power excelled. At the Regatta he was awarded a cup for winning, in one afternoon, sculls, punts, fours and eights. He read History for two years, intending to go in for honours in the History School. But, abruptly, he "deserted History and took to Biology." No doubt the primary reason for his doing this was that he knew he had to earn his own living. The transition was not as abrupt as would at first appear, for many of his friends—Professor Rolleston and Sir Henry Acland among them—were scientific men. The interest in Biology which had been aroused at Oxford was fostered by T. H. Huxley, whose lectures on Biology D'Arcy Power had been attending during his vacations in London.

Having won an exhibition at Exeter College, Power obtained a transfer there in 1877. He was appointed demonstrator of Physiology to C. J. Yule, who was University lecturer and a Fellow of Magdalen. With Yule he worked on the standardisation of curare. He also assisted Sir Joseph Fayrer and Sir Lauder Brunton in their experimental work. At Exeter College, Power was a pupil of Ray Lankester, who insisted that every student of his should undertake some original work before his final examination. In his study of the

vascular system of the earthworm, he looked for a word to use in describing the glomerular bodies. The term which he finally decided upon—"Nephridion"—is now in general use as "Nephridium." After this he went on working for the Final Schools in Natural Science: Power was one of the three whose names were in the first class. Dr. Pye Smith, the examiner in Biology at Oxford, was impressed by D'Arcy Power's ability and retained an interest in him: it was to Smith that Power was later to dedicate his book on William Harvey.

II.

When D'Arcy Power came to this Hospital in October, 1878, he came to a place where the name of Power was already honoured and loved. He entered as a perpetual student, and his father duly sent a cheque for a hundred and twenty guineas to the treasurer. The treasurer sent back the cheque by return, saying that "Dog did not eat dog."

Speaking of this period forty years afterwards, he said that at twenty-three he "found himself amongst a most indulgent body who at once appointed him a teacher, invited him to Christmas dinner, and told him they had given him the opportunity of winning his spurs, should he be so inclined." The staff at that time numbered twenty-eight; everyone proved to be a good friend. One of the amusing incidents which occurred in his first few months at the Hospital was in connection with his appointment as assistant demonstrator of Physiology. On entering the lecture room to meet his class for the first time, he was greeted with: "This is for second-year men only, so get out!" The reaction was quite a natural one, for he appeared young, and was quite unknown at the time. There was a slight shock when he sat down and began to question them.

During the next two summers he worked strenuously for his Membership examination. He learnt his anatomy not only while teaching physiology at the Hospital, but also Biology at University College (as demonstrator to Ray Lankester). In 1882, having become a Member of the Royal College of Surgeons, he was nominated as ophthalmic house-surgeon to his father and Mr. Bowater Vernon. While filling this post, he did a good deal of other medical work. The casualty physician disliked

coming into hospital by nine in the morning, and would ask D'Arcy Power to take his place. Junior house officers seem to have had an unusual disinclination for work. While junior house surgeon to Sir William Savory (which was his next appointment), he was virtually full house-surgeon: his senior was more interested in the stage than in surgery. Much more responsibility rested upon the house-surgeon in those days. When Power wanted advice, he would go to his master, Sir William Savory; or he went to Sir James Paget—at breakfast time, the only time he could catch him.

When, in December of the next year, he was taking the final F.R.C.S., one of the examiners said prophetically of his group: "Here come the future giants of the profession." Three days later, certain in his own mind that he had passed, he married Eleanor Fosbroke. It is related that young D'Arcy Power arrived rather late for eight o'clock surgery that morning, apologising and explaining that he had been a little delayed as he had been getting married on the way down to the hospital. This story is almost certainly true, and is as typical of his dry humour as of his devotion to hospital duty. His first contact with the Fosbroke family was when George Henry Fosbroke, Eleanor's father, was sent to Henry Power to be taught. It is interesting to reflect that he was sent there by mistake originally; but teaching must have been satisfactory, for Fosbroke stayed at the home of the Powers. The two families became very friendly, and exchange visits were frequent. The marriage proved a very happy one.

They were preparing to go to Vienna in November, 1883, when James Shuter died after drinking laudanum in mistake for a cough mixture. On his death Anthony Bowlby was elected Surgical Registrar, and thus the post of curator of the Museum became vacant. Power was chosen, and held the post for the next five years. The classes that he and Bowlby gave in surgery were very successful: they had a monopoly of F.R.C.S. students for some years. He and his colleague, James Berry, got into trouble for tying the lingual artery in a number of bodies while teaching operative surgery. When they determined to provide the museum with a horse skeleton, they were again censured by the Anatomical committee. The horse was brought into the dis-

secting room at ten o'clock in the evening, but large doses of prussic acid had no effect upon it. At five the next morning, the skeleton had been secured after much labour, and the room had become a perfect shambles. The dealers refused to pay anything for the skin and flesh, which were only removed "to oblige." The articulated skeleton is now in the museum.

Though he was soon to hold a number of clinical appointments at other hospitals, it was not until 1898 that Power became Assistant Surgeon to the Hospital. The election of a new member of the staff became necessary on the resignation of Sir Thomas Smith, and the promotion of Mr. W. J. Walsham. The contest between Power and his friend James Berry was vigorous: both were highly thought of, and well recommended. The election—which was in the hands of the whole body of governors—took place in the Great Hall. Students crowded in the Square to hear the result: Power was elected by ninety votes to sixty-eight.

It was customary for the assistant surgeon to act as specialist, and for two years Power was in charge of the Throat and Nose Department. In 1904, Mr. John Langton resigned and he was elected full surgeon. On his resignation in 1920 Power was elected Consulting Surgeon and Governor to the Hospital.

III.

Sir D'Arcy Power's reputation as a humanistic historian may have tended to overshadow his eminent position as surgeon. When he became an assistant surgeon at this Hospital, Lister's doctrine and his aseptic technique were only beginning to be established. Not many years before, a single pair of forceps was used for obtaining haemostasis in a thigh amputation. The pre-antiseptic era, represented by his first master, Sir William Savory, was only gradually being superseded. Attempts had been made to introduce new techniques, but what zeal there was, was without any real knowledge. Bacteriology was not taught in the Medical School till 1891. His generation, with their biological training, understood and endeavoured to carry out the teaching of Lister.

He brought with him a scientific training in physiology and pathology. During the years of preparation, he had been enabled to obtain a thorough and general knowledge of surgery. It was not surprising that he

should remain essentially a General Surgeon while devoting his attention to a number of special problems in Surgery. There was nothing he disliked doing, and he was quick to adopt something new. This was shown by his enterprising adoption of Colt's apparatus for wiring an aneurysm. A palliative procedure, which was a great advance at the time, it has not survived.

Though receptive of new ideas, he belonged, in some ways, to the old school. He did not emphasise, to the extent that some did at the time, good technique as the most important thing for which to strive. Like Lister, Sir D'Arcy did not excel in operative technique. He did not agree with Lord Moynihan's dictum: "Double the incision and halve the mortality"; he always used a very small incision. His motto was: "Quick in and quicker out." He once performed a gastro-jejunostomy, from the first scratch to the last suture, in sixteen minutes. Students used to come from all over London to see him perform this operation: gastro-jejunostomy was a field in which he was a pioneer.

It was at an emergency operation that he excelled. He insisted on doing his own, even at night, and would often go down from his home in Chandos Street on his bicycle, which he would leave in the Square while he hurried to the theatre. Here, the value of his fast technique was evident. He maintained that it was always better to do an operation in the minimum of time: his business was to leave the patient in as slight a state of shock as possible. He made a habit of having a race with himself while operating, and he never felt that it had been done sufficiently quickly.

He was an old-style diagnostician, jumping to a diagnosis, and not making many mistakes. On his rounds in Henry and Lucas Wards, the care and consideration with which he treated his patients were always evident. Unlike some of his colleagues, he did not terrify his students or patients; and he had a fatherly manner which endeared him to children. His teaching was always good, and his lectures full of substance.

Power was closely associated with the Royal College of Surgeons. He was twice elected Vice-President, in 1921 and 1922. Characteristically, he esteemed others better than himself, and this alone prevented him from being President of the College. The

post of Honorary Librarian was created for him in 1929 at the death of Victor Plarr, the Librarian. We may feel proud that the suggestion came from St. Bartholomew's Hospital.

Ten other hospitals were served by him during his lifetime. During the 1914-18 War he served as Lieut-Col. at the 1st London General Hospital—at first in charge of its surgical division, and later (1917-20) in charge of the whole hospital. He also served two other hospitals during this time, and represented the Royal College on the Appeals Boards. He was knighted in June, 1919, being created a Knight Commander of the Military Division of the Most Eminent Order of the British Empire.

Few men can have served as many committees as did Sir D'Arcy. As President (or in some other capacity) he served most British Medical Societies, and was honoured by many Societies outside his own land. Thousands of students had cause to be grateful to him as an examiner: he felt most strongly that it was not his business to find out what the student did not know.

Sir D'Arcy twice visited America. The first occasion, in 1924, was his visit to Boston to act as Surgeon-in-Chief at the Peter Brigham Bent Hospital. Mr. John Fulton, recalling his enthusiasm, clinical acumen, and rich fund of anecdote, says: "He was not entirely familiar with the somewhat involved ritual and paraphernalia of an American Surgical Amphitheatre, but he adapted himself to this with the spiritual calm of a much younger man." When he visited the United States in 1930, he renewed many friendships with the scholars and surgeons of that land. In 1928, with Henry Cushing, Dr. Francis and Geoffrey Keynes, he was elected a "Friend of the Osler Club."

His last long journey was made in 1935. At the invitation of the Royal Australasian College of Surgeons, he went to deliver the inaugural address at the opening of the College.

A large part of his time was devoted to the study of History and Bibliography. Perhaps the most productive and certainly the more lasting part of his labours were in these fields, as will appear in the second article, dealing with Sir D'Arcy Power's "Works."

IV.

Sir D'Arcy was never able to understand how he found a place so easily in the hearts

of those with whom he came in contact. The students, perhaps, went to the heart of the matter when they nicknamed him "Sunny Jim." It was his Heracleian cheerfulness more than any other characteristic, which made him a welcome companion. Some of the portraits of Sir D'Arcy have caught the merry look in his eyes. He had a nature "sloping towards the southern side," as Lowell has so happily phrased it. His merry wit often found expression in a joke, or in teasing, which was invariably kindhearted. A conversation with someone he knew well would be full of laughter. Indeed, he was censured by some for his light-heartedness: he would chaff his son about the possibility of leaving his father's ashes on the rack when they were being taken to Bidford-on-Avon.

He was always simple and approachable, yet he had that air of authority which was most evident when someone might take advantage of his kind nature. It was a sorry thing for a student who would thus become a subject of his crushing wit. He believed in "telling the patient," and his candour was evident in all his dealings. The golden rule was followed as much in his biographical writings as in his life. His charity would extend to anyone whose need became known to him.

He had a great capacity for work. His habit of going to bed at ten o'clock must have contributed to maintaining his boundless energy. But there was another reason why he was able to labour so hard in many fields. His wife, a first-rate manager, relieved him of all domestic worries. She gave him every encouragement in his work, and was an excellent hostess. They were like each other in many ways. Her kindly nature found endless opportunities to express itself. She, too, was witty, and of a happy disposition. Like her husband, she had a clear knowledge of good and evil and their limitations.

Together Sir D'Arcy and Lady Power faced distressing times. Their first child, Eleanor Haynes Primrose, died at the age of two. She caught whooping cough from her father, and was unable to withstand it. There were two other children. Only one son, Air Vice-Marshall D'Arcy Power, survives; with a son George D'Arcy now a student at St. Bartholomew's Hospital, and a daughter Angela. Their younger son, George Henry Fosbroke, was a lieutenant

during the 1914-18 War. It was when he was reported missing during the second battle of Ypres, that their happiness was over-shadowed for a second time. Four days earlier, "Foss," who was dearly loved, had left home "to undertake a duty he hated." The great grief was shared by others who knew him as a brilliant and promising science student, who had already made his mark at Merchant Taylors' and Oxford. With untiring efforts Lady Power tried to ascertain his fate: she could never bring herself to believe that he was killed. Though she retained her good looks and indomitable spirit to the end, her death was hastened by the tragedy thus brought into her life. It came suddenly. Her death occurred on the morning of June 26, 1923, while she was lying in bed after drinking a cup of tea. She was discussing a proposed "At Home" with Sir D'Arcy, when she stopped in the middle of a word and died. She died literally of a broken heart, for on post-mortem examination a ruptured cardiac aneurysm was found.

Sir D'Arcy had to bear his third great sorrow alone. As he did so his equanimity was a source of wonder to his friends. He told one of them that the secret was that he was able to keep his mind in separate compartments. Never did he allow a personal sorrow to touch those around him.

The same dogged determination to overcome the bitterness of bereavement enabled him to overcome his physical disabilities. He was small and lame, but these things never affected his life or outlook. He rode his bicycle not only to operations but also as a recreation. He was a man of few eccentricities. A very shrewd judge of men, he was tolerant of weaknesses and foibles in others.

His way of life was simple, but he was fond of good food. He was frequently at dinners of various kinds, and was often in demand as a speaker. He was proud to be one of the twenty-four members of the *Confrères Club*, which met regularly for dinner and debate. Dining clubs, he believed, were the best dissipators of professional jealousies. He was an excellent judge of wine, and a connoisseur particularly of champagne. While by no means a wine-bibber, he echoed the sentiment expressed by Sir James Paget: "Thank God for good wine!" He was for fifteen years Chairman of the Wine Society, and during this time its

membership vastly increased. According to one writer Sir D'Arcy's very bearing spoke of the health-giving properties of good wine.

On his seventy-fifth birthday, his old housemen gave him a silver replica of the wounded soldier who used to stand outside the Hospital gate. They knew how well Sir D'Arcy would appreciate it. He was a great friend of Omar Ramsden, the silversmith. He regarded Ramsden as a modern Benvenuto Cellini. Together they worked out many designs, for Sir D'Arcy would often be approached for the design of medals or the format of books. Memorial plaques of an original form were favourite designs. In his favourite form the life history would be symbolically represented round the periphery, while the simple name stood in the centre of the plaque. Sir D'Arcy was also very interested in Heraldry, and had a wide knowledge of the subject.

The names of Power and Simpson had long been famous in Freemasonry, when D'Arcy Power was initiated in 1890. He was great among them, and achieved high rank in the Grand Lodge of England; he was a founder of a number of Lodges and Chapters, including the Rahere Lodge at St. Bartholomew's Hospital. In 1933 he wrote in the "Architect" an article on "The Idea of the New Freemason Hospital in Ravenscourt Park"; he was very proud of the hospital when it was built, and served the new as he had served the old.

He lived alone for the second half of his life at his home in Cavendish Square. He was sorely tried by different housekeepers and their associates. In spite of his trials, he worked happily at his home and elsewhere for the innumerable committees and institutions which he continued to serve. At lunch time, eminent medical personages would often be seen entering his house. The house, next door to the Medical Society of London, became quite a museum. He knew

the associations of every article of furniture. His vast library of valuable books had been chosen with taste and discernment along the years. When, in 1940, his house was bombed, he felt it was not safe to keep the library under one roof. So with regret the news was received that Messrs. Sotheby were to dispose of the large collection. The sale realised £2,415. Many and various were the books sold; some of them deserve special attention, for they illustrate aspects of Sir D'Arcy's literary activity which may easily be overlooked.

Sir D'Arcy worked (from 1929) in the Librarian's Room at the Royal College of Surgeons. Here a portrait of him now hangs, painted when Sir D'Arcy was seventy-five by Sir Matthew Williams-Thompson. In this room, for those who knew the man, or have come to know him through his works, his spirit lingers.

After the air raids of the autumn of 1940, Sir D'Arcy moved to his son's home at Northwood, Middlesex. Soon after his eighty-fifth birthday, his heart began to fail; during this illness the news of the bombing of the College was kept from him. He died on May 18, 1941. "He was getting very tired," a friend said, "and was glad to lay down the burden." He was cremated at Marylebone Cemetery on May 21, and buried at Bidford-on-Avon. A Memorial Service was held at St. Bartholomew-the-Less on May 28, at which Professor Gask gave the funeral oration.

With Sir D'Arcy Power, as with many others, his life cannot be truly interpreted apart from his work. Yet, unlike many famous men, Sir D'Arcy's lasting memory is to a great measure independent of his work. While there are men in the Profession who, like him, "combine intellectual pre-eminence with nobility of character," Sir D'Arcy will be remembered—a man greatly beloved.

THE WIX PRIZE

The Wix Prize for 1950 was awarded equally to G. Davies and M. B. McKerron. The subject of the essay was "The Life and Works of Sir D'Arcy Power."

OF SUMMER, SURGERY AND SCOTLAND

By TROCAR

ON Saturday, December the 17th, 1825, the Annual Dinner was given to J. Brookes, Esq., a teacher of Anatomy, by his pupils. And from the published account of this function the following extract is derived:—

"The Court of Examiners at the College of Surgeons . . . have declared . . . that the science of Anatomy can only be taught under certain states of temperature, of course, therefore, only in certain latitudes; that in this country, when the thermometer stands at or about summer heat, no Englishman can learn Anatomy; and that, therefore, all certificates of attendance at lectures, delivered during the summer, shall be rejected."

But what, you may well ask, has the learning of Anatomy got to do with the season (as though you didn't know!)?

Let us, therefore, probe a little further into this mystery. Saturday, the 14th day of January, 1826. A Notice in a Medical Publication is headed ROYAL COLLEGE OF SURGEONS IN LONDON, and proceeds to state that—

"This sink of infamy and corruption—this receptacle of all that is avaricious, base, worthless, and detestable in the surgical profession, like some other Aegean Stables, is near the hour of its purification," and goes on to say that certain public-spirited members of the College are set on its purification, and that Mr. Lawrence of St. Bartholomew's would be delighted to act as chairman. Arrangements are therefore made for the presentation of a petition to the Legislature, the Resolutions on which the Petition is to be founded to be discussed and agreed on at a General Meeting of the College Members, appointed for Saturday the 11th of February, 1826.

January the 21st. An article in a Medical Publication gives us the cause of all the bother in the shape of the peculiar demands of the College Hierarchy. The writer obviously feels a little strongly on the subject:—

"The compulsory production of certificates of attendance on WINTER COURSES OF LECTURES.

"The refusal to receive certificates of attendance on lectures, unless such lectures have been delivered by the SURGEONS OF

THE LONDON HOSPITALS, OR THEIR FRIENDS.

"The refusal to receive certificates of attendance on lectures on the SURGICAL PRACTICE OF THE PROVINCIAL HOSPITALS AND INFIRMARIES, as those of Bristol, Manchester, Leeds, Birmingham, Exeter, etc., etc.

"The exclusion of the members from the Museum (John Hunter's) except at certain brief periods.

"The shameful neglect in not printing a descriptive catalogue of the contents of the museum.

"The refusal to allow Members to make casts, or take drawings of the various preparations in the Museum.

"The insult which they invariably offer to the Members who have so liberally contributed to their support in compelling them to enter the MENIALS' entrance of the College in Portugal Street, whilst themselves and their hospital COLLEAGUES are as uniformly permitted to ORNAMENT the aristocratic portals in Lincoln's Inn Fields.

"The highly objectionable practice in electing each other, by which corrupt mode of procedure partiality of the most profligate description has been exercised, by which individuals have been elected to the Council and Court of Examiners of the College, who are entitled to no other name than that of surgical idiots."

And so on, in a similar vein for some considerable length.

Saturday, the 4th of February—the Meeting arranged for the 11th inst. is postponed to the 18th instant, to allow the Barrister entrusted to draw up the Petition, sufficient time to examine the "Immense Mass of Royal and Parliamentary Rubbish, consisting of Charters and Acts of Parliament which have reference to the Surgical Profession."

February the 18th. Upwards of twelve hundred Gentlemen met at the Freemasons' Tavern, Mr. Lawrence being in the chair. The proceedings started sharp at 7 o'clock, and as is usual with meetings of this sort, was somewhat lengthy; a few extracts, however, may be given. From the opening speech of the chairman:—

"In the year 1824, certain regulations were framed by the ruling body of the College of Surgeons, which I considered as having been directed against the whole body of the members of the profession. The substantial enactment is short but effective for its purpose. I will read the byelaw, if you please, before I enter upon any commentary:—

"The Court of Examiners of the Royal College of Surgeons, in pursuance of their duty to promote the cultivation of sound chirurgical knowledge and to discountenance practices which have a contrary tendency, have resolved—That from and after the date hereof, the only schools of Surgery recognized by the Court, be those of London, Dublin, Edinburgh, Glasgow, and Aberdeen. That Certificates of Attendance upon the Chirurgical Practice of a Hospital be not received by the Courts unless such Hospital be in one of the above recognized schools, and shall obtain, on an average, one hundred patients.

"And that all Certificates of Attendance at lectures on Anatomy, Physiology, and the theory and practice of Surgery, and the performance of dissection, be not received by the Court, except from the appointed Professors of Anatomy and Surgery in the Universities of Dublin, Edinburgh, Glasgow and Aberdeen, or from persons teaching in a school acknowledged by the Medical establishment of one of the recognized hospitals, or from persons being Physicians or Surgeons to any of those Hospitals."

"Such, Gentlemen, are the principal points in the regulation agreed to by the Court of Examiners.

"But, Gentlemen, I have a more material objection to state, and it is to the catalogue of the schools of instruction to which the privilege of recognition has been conceded—Aberdeen, Glasgow! We know, Gentlemen, that at least Anatomy cannot be studied in those places with any hope of success. (Ancient Universities, please note.)

"Gentlemen, the teaching of Anatomy is not so simple a thing as some persons may suppose."

From a Mr. MacIlwain—The *Honourable* and *Lucrative* employment of teaching Anatomy is confined to a few individuals, who are eligible only by an accidental dis-

tingtion, acquired by means often independent of personal merit; all other surgeons, however great their ability and acquirements, are excluded; talent and industry are deprived of their just reward, and emulation and competition, the surest sources of excellence, are extinguished. Of the ten examiners whose names are signed to this attempt at erecting the teaching of Anatomy and Surgery into a monopoly for the benefit of a few individuals, eight were at that time London Hospital Surgeons.

The following is a list of the Gentlemen who enacted this Law:—

Sir Astley Cooper, Mr. Abernethy, Mr. Cline, Mr. Lynn, Sir Ludford Harvey, Mr. Foster, Sir David Dundas (who at the time was dead, having died at the age of 77, on the 10th of January, 1826), Sir E. Home, Mr. Norris, Sir William Blizard.

From a Mr. Wakefield, a resolution—"That the members in General may justly complain, that on every occasion of a public lecture delivered in the theatre of the College, they are compelled to enter at a separate and inconvenient door at the back of the building, whilst for the Council and their personal friends is reserved the entrance in Lincoln's Inn Fields, with many other accommodations and CONVENIENCES."

The next meeting on the 4th of March was a great success, from the critical Resolutions proposed to the re-opening of the subscription list. It contains, also, the explanation of the boycott of Summer Lectures—which were largely given during the summer months by the external teachers—Mr. J. Brookes, met with in the first paragraph, is typical of his fellows. Mr. Wakley speaks: "There is a reason, Gentlemen, why Mr. Brookes has been excluded; the reason for this exclusion is that he has sold his information at HALF the College price; he has sold his knowledge at too low a rate, and therefore he is not a member of the Hunterian Society."

And there we will leave the College of Surgeons formulating their petition to be presented to the King or to the House—they weren't quite certain which would be correct—and trust that all readers will now be sufficiently "In the picture" to appreciate the following verses which I offer without further comment:—

SOUND CHIRURGICAL KNOWLEDGE

Away with all your stethoscopes, your stomach-pumps and tractors;
Away, ye little mountebanks, make room for greater actors;
Here comes Sir Astley Cooper, Bart., Bill Buzzard and Old Luddy,
With bellies big, and purses deep, and brains cold, soft and muddy,
With seven other learned pigs from London's Royal College—
Who come to tell us when and where to purchase "Good sound Knowledge,"
To show how learning, like the itch, prefers a northern station;
And how thermometers become fit tests of education.
"Sound Knowledge," say these cunning quacks, dwells only, on permission,
With those to whom we grant a right to sell it by commission.
Like sprat or herring, learning comes in season in November,
And knowledge gained at other times won't serve to make a member.
But here they are, these ten "wise men," let's listen to their gammon,
Perhaps they'll tell us why sound sense may not be had with salmon.
Who is that red-gill'd big-paunch'd man, and who that little fellow?
What! "Don't you know the lecturer on faeces black and yellow?"
That is John Ab-rn'thy, mon, frae Scotland cum to London,
To tell how certain things should look, at times when breech is undone;
"Like wetted rhubarb should they be"—but hark, he growls, pray listen,
And, if he's contradicted aught, mark how his eyes will glisten!

John Ab'rn'thy, loquitur.

"Ye stupid fools and blundering churls, who want our leave to practise,
Behold, I take the pains to tell what our new-fangled act is.
We have decreed that there shall be IN ENGLAND BUT ONE station
At which young men shall "grind to pass" with OUR approbation.
With SCOTLAND 'tis a different thing, you all know I am Scotch, sirs,
And for my clan I do not mind—to shuffle, cheat and botch, sirs.
In SCOTLAND, then, raw lads may find THREE SCHOOLS TO ONE ELSEWHERE,
sirs,
And those who deem this law unjust may scout it if they dare, sirs,
Though England have a right, no doubt, from size and population,
And wealth and rank and consequence, to claim a treble ration,
There must and shall be three to one in favour of the Scots, sirs,
Or else, I vow, I'll write no more coarse chapters on . . . pots, sirs.
Moreover, 'tis our royal will—our most imperial pleasure,
As well to fill our classes out, as swell our bags with treasure,
That knowledge henceforth be unsound, to reason quite contrary,
Unless obtained sometime about the month of January;
No one shall dare to think or say that any man can truly
Acquire the art of lopping limbs within three months of July.
It shall be monstrous and absurd for brats to learn their letters
In summer time, as if to mock AT US, their Royal betters;
We will solicit Parliament this session, if it pleases,
To pass an act to shut up books, excepting when it freezes,
To make it felony to teach or learn in summer season,
DISSECTING shall be sacrilege, and "GRINDING" shall be treason.
So fare ye well, confound ye all—may every ill infest ye,
If ye shall dare to make a stir, and say we have oppress'd ye.
March 2, 1826.

CORRESPONDENCE

LECTURE ACCOMMODATION

To the Editor,
St. Bartholomew's Hospital Journal.

Dear Sir,

This plea is really addressed to the designers of our future clinical lecture theatre. In the recently rehabilitated practical surgery room, the seating has obviously been designed by someone who has long forgotten what it feels like to sit on a lecture bench. The writing ledges are presumably meant to be used, though at a well-attended lecture yesterday, there were only four people using them for their intended purpose: the reason being obvious—they are much too high and narrow, and also are placed too far away from the bench for convenience.

When the note-taker is forced to lean back to find enough support to write on his knee,

the overlapping ledge behind protrudes neatly and most uncomfortably into the spines of his scapulae. This may be an excellent prophylaxis against sleep, but the discomfort entailed is apt to distract attention from the lecture.

Is it too much to expect that the architect, already probably drawing up plans for the new Theatre, will try to recall his own student days, or that he will consult some of his successors who will have to use the place; or still better, that he may sit on a bench in the front row during a lecture?

We think that he would soon realize the truth of our complaints if he did so.

Yours, etc.,

P. G. CRONK,

B. W. M. MACARTNEY.

Abernethian Room.

May 18, 1950.



"... It's called Occupational Therapy."

PROLONGATION OF THE INITIAL STARVATION PERIOD IN INFANTS

(With apologies to the *B.M.J.* of 17-6-50)

Both Pædiatricians and Geriatricians are united in assuring us that birth precedes death, the Obstetricians adding a rider to the effect that birth is really only an incident between conception and the grave. Thus this correspondent was thrilled to read in the *B.M.J.* a profound solution to these great problems so succinctly stated as to confound one by its simplicity. Perhaps this correspondent is being too kind if he makes the assumption that the authors of the paper had really grasped the full implications of what they wrote. In the summary of this paper they seem to have glossed over the really significant concept contained in their work.

At the moment of writing this correspondent is vitally concerned with practical pædiatrics, really down-to-earth stuff. Rhesus incompatibility, Diabetes, Nocturnal Enuresis, the Fate of the Foreskin; all these fascinating facets of pædiatrics fade into insignificance beside the real problem, the crisis of this particular position in space.

What, you will by now be asking, is worrying this correspondent; what is this gripping vital problem that is lashing him into such a frenzy of hieroglyphic activity? Gentle reader—the infant is crying.

Even now I can visualise the ill-concealed smile of amusement that is crossing your handsome (or beautiful) face, the “*risus sardonius*” or perhaps an esoteric elevation of the eyebrow. “Is that all, you will say.”

But believe me, dear reader, the problem is not an academic one. This infant does not just “cry,” it yells, it shrieks, it makes a series of noises of a diabolical character, there is never any “let-up.” One has only to listen to a baby crying in the night to become convinced of the validity of the Doctrine of Original Sin. The noise dominates me in the present, colours the past, and prejudices with grim foreboding the immediate future. This correspondent is, however, a practical pædiatrician, and is aware that not only he alone is affected. He has applied to the problem a mind trained by erudite teachers. The Aetiology of the condition is obscure, the factors multiple and diverse, generally controversial; Psychic, the names of Freud and Jung rush forward; Somatic, and thoughts of bowels and food occur *ad nauseam*. The symptoms in the form of variable wave lengths of the auditory spectrum cause even the deaf ear to turn. The Diagnosis shrieks! The Prognosis seems eternal. (Whoever coined the phrase “pregnant silence” must have known little of what the “facts of life” had in store for him.) Palliative treatment is laborious, time-consuming, and ultimately always proves to be a failure. Yet, thanks to the *B.M.J.* this correspondent has at least appreciated that the cure is so devastatingly simple—Prolongation of the Initial Starvation Period in Infants “*ad finitum*.”

“*TALIPES.*”

STUDENTS' UNION

At the meeting of the Students' Union Council on June 7th P. D. Matthews retired from his post as Senior Secretary. L. C. Dean was appointed in his place, and M. C. Hall was appointed Junior Secretary.

KING'S BIRTHDAY HONOUR

O.B.E. (Military Division).

George Desmond Wedd, M.B., B.Chir., D.O.M.S., Surgeon Commander R.N.

THOUGHTS ON CARCINOGENESIS

By WILFRED SHAW

THERE is little evidence of the existence of any body resistance to the growth of malignant tissue when once a neoplasm has developed. The tumour seems capable of assimilating from the blood stream all the substances necessary for its development and the body metabolism is squandered by the growth rather than utilised by such processes as inflammation. Histologically, the reaction of the tissues around malignant cells is slight, and it is reasonable to conclude that the body resistance to malignant disease is negligible. Few medical men have known spontaneous absolute cure of malignant disease, although it may occur when the primary growth is in its early stages. In gynaecology it is known that certain forms of chorion epithelioma undergo spontaneous retrogression though usually only temporarily. Krukenberg tumours of the ovaries, unassociated with a primary growth elsewhere, have been explained on the assumption that the primary growth has undergone spontaneous cure. If a malignant growth has become established, the prospect of cure depends either upon the excision of all malignant cells—basically a mechanical procedure—only possible in early cases, or upon the destruction of the malignant cells by means of radiology. Anti-carcinogenic substances are receiving consideration, but as yet little progress has been made.

Little is known of the local method of development of carcinoma, but some work has been done by Hinselmann and Te Linde upon the non-invasive intra-epithelial carcinoma of the cervix. Presumably, if a single cell in the body becomes malignant and survives, it may grow and ultimately form an inoperable growth, but it is not known whether the malignant change is primarily unicellular. If multicellular, it must be supposed that several cells take it upon themselves to become malignant simultaneously. Nor is it known whether attacks of malignant disease can occur in the same way as attacks of infectious disease. There is some evidence that recurrence of malignant disease at the primary sites after radiotherapy may be caused by the development of a new tumour.

Experimental carcinogenesis shows that malignant disease may be produced by certain hydrocarbons, viruses, parasites and

radiant energy and more and more carcinogenic substances and factors are being discovered. All carcinogens seem to possess the fundamental property of modifying normal mitosis, so that after division the daughter cells are malignant in type and like a mutant transmit the malignant properties to succeeding generations. It is perhaps inaccurate to talk of the mutation theory of malignant disease, for the cells which result from the hypothetical original atypical division are not necessarily of the same type. Almost nothing is known of the mechanism whereby carcinogens convert normal mitosis to atypical malignant mitosis. Indeed very little is known of the chemical and physical changes which develop in the healthy cell at normal mitosis. For many years students have been irritated when I have postulated that the facts of cell division and reproduction are inexplicable in terms of physics and chemistry and often have been even more irritated when I have expressed my belief in the existence of a third force.

Carcinogens and carcinogenic factors are so wide-spread that it is difficult to explain why malignant disease is not more common than it is. It may be that all animal and vegetable life has a natural means of protection against the development of malignant disease. There are, perhaps, two problems. The first is to determine whether the body has any natural protective mechanism against the development of what might be termed atypical malignant mitosis. The second is to explain why the body resistance to malignant disease when once the growth is established is so small and, as a corollary, why the metabolism of the malignant growth has such high priority.

Heredity plays some part in the incidence of cancer and some patients seem predisposed to develop different types of cancer at different times. Carcinoma of the breast and carcinoma of the uterus arise in the same patient so frequently that the association cannot be regarded as fortuitous. Recently Truelsen has recorded the case of a patient who succumbed to carcinoma of the cervix, having previously suffered from carcinoma of the breast, carcinoma of the eyelids and bilateral carcinoma of the ovaries. Certain parts of the body are particularly prone to

malignant disease and many of the affected organs are exposed to infection. On the other hand, malignant disease develops so rarely in wounds of the skin, muscle and bone, that these tissues seem to have some local resistance. Areas of chronic ulceration are often the sites of malignant growths but in these areas healthy cells are replacing cells which have been damaged and there is an active process of cell division, metaplasia and even dedifferentiation. It is probably true to say that wherever diseased cells are in a state of metaplasia or division the incidence of malignant change is relatively high. It may be, of course, that carcinogens are more effective upon cells in a state of instability and it may be that the milk factor is the carcinogen which affects breast cells in a state of metaplasia. These suggestions explain the more frequent incidence of carcinoma of the cervix in multigravidae than in nulliparae.

On the other hand healthy tissues in a state of active division and growth rarely become malignant. The corpus luteum becomes fully developed in eight days yet a malignant tumour of the corpus luteum has never been described. Carcinoma of the endometrium is almost unknown during the child-bearing period of life yet frequently arises after the menopause, when endometrial activity is at a minimum. The foetus in utero is not protected from virus infection and is susceptible to radiant energy, yet with all the multitude of cell divisions in the growing foetus, malignant disease is almost unknown. It is possible that some natural protection exists against the development of malignant disease in healthy tissues in a state of active cell division. I have often wondered whether the theca interna cells take on this function in the case of the corpus luteum. The cytotrophoblast of the early ovum has many of the properties of malignant tissue yet chorion epithelioma is a rare tumour. It is possible that the mysterious large cells found in the myometrium around the growing ovum are anti-carcinogenic in function. The peculiar cells found in the

ovaries in cases of carcinoma of the uterus were originally thought to be carcinogenic. This view may be wrong and the cells may be protective against the development of malignant disease for it was realised immediately that the cells were more plentiful in cases of early carcinoma yet were found with difficulty with advanced growths. Similar cells are found in the parathyroids and the suprarenal and primary tumours of the suprarenal body are extremely rare. It is therefore possible that protective factors against the development of atypical malignant mitosis are present in the foetus in utero. They may also be distributed through the body of the adult. Some patients may have a congenital deficiency so that an adolescent may develop a sarcoma of the tibia after being hit by a cricket ball. It may be that the endocrine changes at the menopause reduce anticarcinogenic activity so that malignant disease is relatively common at that age in the genital organs of the human female. With age and atrophy, the anti-carcinogenic cells reduce their activity and malignant change becomes more common as the years advance.

Some years ago I expressed these views to a surgical colleague and he produced two cases of carcinoma of the breast in the last stages of the disease. Foetal extracts were made aseptically from material removed at hysterotomy and were injected around the malignant tumours. Nothing happened. The investigation was regarded as a forlorn hope, because the theory stipulates that foetal tissues contain substances which prevent atypical mitosis and do not destroy malignant cells when once such cells have developed.

These views have been put forward to stimulate criticism and to interest the younger generation of medical men in the problems of carcinogenesis. Medical opinion is perhaps the most critical of all and there has been some hesitation about publishing views which time may show to be quite unsound and even ridiculous.

DEATHS

Dr. Alan William Holthusen, of Crowstone Road, Westcliff, on April 20, 1950, at St. Bartholomew's Hospital.

Dr. Harold Keith Tucker on March 10, 1950, aged 50, at Leyland, Lancs.

THE DEAN OF AMERICAN MEDICINE

By J. E. COTES.

THE centenary of the birth of William Welch is an opportunity to recall one who did much to fashion contemporary American medicine and to convert a land of G.P.s into the power-house of scientific medicine that it is today.

Welch was born in Norfolk, Connecticut, on April 8, 1850, the son of a general practitioner. He was a quiet boy and grew up with a strong distaste for the empiricism of the general medicine of his day. He did well at Yale and only reluctantly took up medicine when he failed to get the tutorship in Greek which was his immediate aim. But the logical outlook that he acquired was of great value to him and he had no difficulty in getting through his course at the College of Physicians and Surgeons at New York; the exactness of anatomy particularly appealed to him and he was very conscious of the value of pathology when so much was in doubt. But the subject was badly taught and when he won a microscope as a prize for some clinical notes there was no one available to teach him how to use it.

In 1876, soon after qualifying, Welch made his pilgrimage to Europe. He studied at the leading German universities and learnt pathology from the great teachers of his day. In addition, he was struck by the excellent laboratories, the ample staff and the high standard set for the students; all so different from the American schools where teachers existed on the fees of their pupils and lowered examination standards to attract them. Thus when Welch returned to New York two years later he brought back both pathological knowledge and the vision of a better educational system which he was later to substantiate. But, at first, there was no indication of what was ahead.

For six years Welch worked in New York as the Bellevue Hospital pathologist and started the first morbid histology class in America. At first in a small room with no assistant, it expanded rapidly as his fame spread. He worked hard, lived simply and had few recreations, but became immensely popular with his pupils. In 1884 he was appointed Professor of Pathology at Johns Hopkins University Medical School which was in the process of formation as a new centre of medical teaching. Dean of the

Medical School, he supervised its birth and developed its characteristic features; the subdivision into departments each under a professor, of whom Osler, Professor of Medicine was the most illustrious; the emphasis on pathology and the high entrance qualifications for students of both sexes—the last a topic on which he had fewer doubts than might have been expected of a bachelor. The medical school prospered and with it the "Pathological" where he presided under the genial guise of Popsy. The teaching seems to have been first rate, though Welch was invariably late for his lectures. Research flourished and his assistants, men such as MacCallum, Whipple, Opie and Flexner—the Welch rabbits as they were called—did great things.

Welch himself will be remembered for his discovery of *Bacillus aerogenes capsulatus*, later called *Clostridium welchii*, in the blood of a negro who died with an aortic aneurism. He produced papers on innumerable topics and founded the *Journal of Experimental Medicine* of which he was editor. It was the first journal in America to be devoted to medical research and it brought him into touch with research workers all over the country; but it was only one of many activities. In the same period he delivered countless addresses, was chairman of a multitude of committees, president of many organisations.

In 1901 Welch became president of the Board of Scientific Directors of the Rockefeller Institute and played a big part in its development as a centre for medical research. Under his guidance Rockefeller Institutes grew up the world over, among them the London School of Hygiene. In addition there are today Welch Endowment Funds and Welch Fellowships in Medicine which "commemorate one of the Foundation's wisest advisers." He established a chain of Public Health laboratories throughout America and was first professor of Public Health and editor of the *American Journal of Hygiene*. Later, in his declining years, he occupied the chair of the history of medicine at Johns Hopkins.

Throughout his life, Welch had few relaxations. He enjoyed his food and his cigar; was fond of sunbathing and visiting

amusement parks, of music and of watching college baseball. He had an excellent memory, wide knowledge and a tolerant outlook. In committee he was able to see and explain the other point of view and then to bring it round to his own, so that he was able to persuade without offending. He was content to hurry slowly. There is little he did that might not have been done by a host of others and he owed his achievements to his ability first to appreciate new ideas and then to create the environment in which they might be developed. To quote Osler:

Based on a talk to the Osler Club, 21.4.50.

THE H.S.

A Tribute to the Late, Dr. V. J. Duigan.

By HELEN A. LATHAM, S.R.N.

In 1901 I entered the Herefordshire General Hospital as a probationer. It was a Bart.'s preserve, and V. J. Duigan was its house surgeon. We were a happy family, due chiefly to his guidance and influence. If it "wasn't cricket" the H.S. didn't do it and nobody else dared either. (True, we were told daily at Bart.'s we should have our necks wrung.) He nearly always came to evening prayers in Oxford, the men's surgical ward; and he used to tell us, "If I am ever ill send for Anthony Bowlby." He did no end of kind things which he could never afford, and he had no thought of repayment.

He never dropped a brick in diagnosis (you can always tell a Bart.'s man, but you cannot tell him much!), and he was a wizard at the head of the operating table—no green-for-danger then! The surgeon used to ask, "Can I go on Duigan?" Sometimes dear Mr. T. Turner, consulting surgeon to all Herefordshire, and aged about seventy, would barge into the theatre by the wrong door, clad in winter overcoat trimmed with lovely sable collar and cuffs. He would peer into the open abdomen and say, "What have we here?"—the surgeon nearly in fits at the sable cuffs so very nearly in the open carpet bag. One day the H.S. whispered to me, "Get a pair of white sleeves and make him

"No man of his generation in the United States has so deeply influenced the profession not only by his administrative ability and his stimulating work in pathology, but much more by a personal unselfish devotion to its highest interests."

Ref. William Henry Welch, by Flexner and Flexner, 1941.

I would like to thank Mr. J. L. Thornton for his assistance.

wear them." The theatre sister had already tried; I was very small, and I gazed imploringly up at the tall and very handsome old gentleman, "Will you have these sleeves, sir?" "Yes, my dear, I think I will. My wife will be so angry if I get these cuffs spotted"—he knew quite well why he was asked to wear them!

When the H.S. departed after being captain of his happy ship for three years, he left on his sitting-room mantelpiece the following "Rules for my successor" (another Bart.'s man):

1. Respect Mr. Morris.
2. Walk warily with Chapman.
3. Put up with Dubbs, who means well.
4. Do Lilley's out-patients—he gives damn good dinners.
5. Leave the kids to Dorothy Shaw. She knows more about them than you ever will.
6. Swear at the spratt (me)—she thrives on it.

I have worked for many Bart.'s men since my training. They are gentlemen, and they always know their job. I have been told I know mine; and I owe that to V. J. Duigan. He was a great gentleman and he loved Bart's.

CHANGE OF ADDRESS

A. B. Pavey-Smith, F.R.C.S., to North Wood, Nailsworth, Glos.
 Cortlandt MacMahon, M.A., to The Croft, Trebor Avenue, Farnham, Surrey.
 Dr. C. J. Martin to 49, Belmore Road, Randwick, Sydney, N.S.W., Australia.

SPORT

GOLF CLUB

v. St. Thomas'

On May 31, at Porter's Park Golf Club, an enjoyable afternoon's golf resulted in a draw of 3 matches all. Dr. McIlroy, R. E. Dreaper and J. S. Dodge winning their matches by convincing margins.

v. Imperial College

On June 21, at Purley Downs Golf Course, an afternoon's golf played in pouring rain resulted in another draw of 2 matches all.

Results

L. R. Gracey lost to Glover 1 down; D. H. Rushton beat Gibson 6 and 5; C. J. R. Elliott and R. E. Dreaper lost to Wallace 1 down; A. B. Lodge and J. P. Waterhouse beat Poynder 5 and 4.

Ilford

Besides being able to play at Sundridge Park Golf Club at 2/6 a time, it is now possible for members of the Golf Club to play at Ilford Golf Course from Mondays to Fridays at the reduced green fee rate of 2/-.

At an inaugural meeting held there on June 14 a prize for the best gross score was won by L. R.

Gracey, who returned a fine 74, the best handicap score being returned by C. J. R. Elliott with a net 69.

CHESS CLUB

The Chess Club has played six matches during the past season, winning five and drawing one.

In the London University League, Division II, we won three matches and drew one. This gave us an equal match score of $3\frac{1}{2}$ points with Sir John Cass College, but they were awarded first place, having won more individual games.

We have also played and won two friendly matches; one, a most enjoyable match, against Bromley, and the other against the London Hospital.

An entertaining lightning tournament, won by G. E. Thomas, ended an enjoyable and successful season.

The next season begins in October, and we would welcome any new members whatever their standard of play. We would be especially pleased to see a larger representation from Charterhouse Square at our meetings.

HOUSE APPOINTMENTS

JULY 1 to DECEMBER 31, 1950

At St. Bartholomew's Hospital			
		Senior	Junior
Dr. Bourne	...	M. W. Partington	G. C. R. Morris
Dr. Cullinan	...	P. J. Roffey	G. W. Marsh
Dr. Scowen	...	A. M. Baker	J. F. Hale
Prof. Christie	...	J. B. Dossetor	P. J. Lawther
Mr. Hume	...	K. R. Mason-Walshaw	R. P. Holmes
Mr. Corbett	...	J. D. W. Tomlinson	J. L. Milligan
Mr. Hosford	...	G. Kazantzis	N. A. Green
Prof. Sir J. Paterson Ross	...	J. D. Griffiths	N. G. Rothnie
Casualty Physician	...	N. P. Bhandari	
Children's Dept.	...	A. D. Munro-Faure	J. Bouton
E.N.T. Dept.	...	J. R. Harris	D. C. James
Skin & Gynae Dept.	...	M. Reckless	
Eye Dept.	...		
Intern			
(Midwifery)	...	D. C. H. Garrod	J. D. Cairns
(Gynaecology)	...	Miss H. Bambridge	
Anæsthetists	...	C. Todd (S.R.A.)	
		E. A. Cooper	
Dental Dept.	...	D. Weinstock	
Orthopaedic Dept. (Accident Service)	...		J. L. Godden
At Hill End Hospital			J. M. L. Gilks
Dr. Spence	...	M. B. S. Cooper	
Mr. Nanton Morgan	...	R. E. G. Gosling	
E.N.T. Dept.	...	B. I. Brest	J. I. Burn
Orthopaedic Dept.	...	I. R. McWhinney	
Thoracic Dept.	...	G. A. Court	
Neuro-Surg. Dept.	...	I. Jackson (S.R.A.)	
Anæsthetists	...	J. W. Latham	
		J. C. S. Ainley-Walker	
Alexandra Hospital			
R.M.O.	...	A. J. Wainwright	

APPOINTMENTS

The following new appointments to the medical staff have been made:—

Senior Registrar to Dr. Cullinan's firm from	
September 1, 1950	Dr. C. F. Cooper
Senior Registrar to Mr. Naughton Morgan's firm	
from October 1, 1950	Mr. I. P. Todd
Registrar Anaesthetist from July 1, 1950	Mr. I. Jackson
	From June 1, 1950
Part-time Junior Registrar in S.T.C.	Mr. G. A. Coombs
Junior Registrar in the Children's Department	Dr. R. C. Roxburgh
Resident Junior Registrar, Department of	
Anaesthetics	Mr. C. Todd
	From July 1, 1950
Junior Registrar in the Gynaecological and	
Obstetrical Department	Mr. M. P. Durham

EXAMINATION RESULTS

UNIVERSITY OF LONDON

Third M.B., B.S. Examination for Medical Degrees

Pass

Benett, G. R.
Bouton, M. J.
Brest, B. I.
Burn, J. I.
Capstick, N. S.
Chorley, G. E.
Cox, J. S.
Drown, G. K. M.

Eve, J. R.
Fyfe, A. E.
Green, N. A.
Hibbard, B. M.
Holland, W. G.
Hurter, D. G.
Jenkins, A. V.
Kaye, M.

Lawther, P. J.
Moore, G. J. M.
Rees, J. H.
Rothnie, N. G.
Simmons, P. H.
Smith, R. V.
Stebbing, N. E.
Studdy, J. D.

April, 1950

Tannen, G. P.
Vercoc, M. G. S.
Wainwright, A. J.
Warlow, P. F. M.
Woolf, J. C.
Zakon, R.

Supplementary Pass List

Part I

Bexon, W. H.
Brooks, W. V.
Cassells, M. J.
Coldrey, J. B.
Cooray, M. P. M.
Gould, G. T.
Griffiths, E. J.

Hale, B. C.
Hambling, M. H.
Horwitz, H.
Hovenden, B. J.
Ibbotson, R. N.
Jenkins, G. C.
Jones, J. N. W.

Kinsman, F. M.
Molloy, C.
Montgomery, B. K.
Moynahan, A. R.
Norman, M. H.
Pedersen, D. L.
Phillips, G. D.

Sacks, R. H. B.
Scott, W. C.
Smith, I. G.
Steinberg, V. L.

Part II

Bendas, J.
Cassells, M. J.

Davies, W. H. G.
Hale, B. C.

Jenkins, G. C.
Reading, J. H.

Wendell-Smith, C. P.
Wright, R. F.

Part III

Bexon, W. H.
James, D. C.
Liu, S.

Marsh, G. W.
Molloy, C.

Moynahan, A. R.
Pedersen, D. L.

Phillips, G. D.
Smyly, D. P.

RECENT PAPERS BY BART'S MEN

- ATKINSON, MILES. Ménière's Syndrome: observations on vitamin deficiency as a causative factor; III. The general disturbance. *Arch. Otolaryngology*, 51, Feb., 1950, pp. 149-164.
- . Ménière's Syndrome: a new drug for control of acute attack. *Arch. Otolaryngology*, 51, April, 1950, pp. 312-315.
- BANKS, T. E., FRANCIS, G. E. C., MULLIGAN, W., and WORMALL, A. Some antigen-antibody reactions studied with the aid of radio-active isotopes. *J. Physiol.*, 111, April 15, 1950, pp. 13P-14P.
- *BLACKBURN, G. Acute cholecystitis. *Practitioner*, 164, March, 1950, pp. 254-257.
- BOURNE, GEOFFREY. Riddle of arteriosclerosis. *Practitioner*, 164, June, 1950, pp. 481-7.

- BOYD, A. M. A classification of occlusive vascular disease. *Practitioner*, 164, June, 1950, pp. 488-96.
- *——— and JEPSON, R. P. External iliac artery thrombosis. *Brit. Med. J.*, June 24, 1950, pp. 1457-1460.
- BURROWS, H. JACKSON. Variable scale for measuring from radiographs in Smith-Petersen nail-in. *J. Bone and Jt. Surg.*, 32-B, May, 1950, p. 273.
- *CATES, J. E. Oedema and potassium loss in combined sodium p-aminohippurate and penicillin therapy: a metabolic study. *Clin. Sci.*, 8, July, 1949, pp. 53-63.

- DALE, SIR HENRY. The action and uses of the antihistamine drugs as applied to dermatology. *Brit. J. Derm. and Syphilis*, 62, April, 1950, pp. 151-158.
- *DISCOMBE, G. Phase-contract microscopy in The clinical laboratory. *Acta Haematol.*, 3, April, 1950, pp. 152-162.
- DOBREE, J. H. The diagnosis of acute conditions of the eye. *Clinical J.*, 5, May, 1950, pp. 128-131.
- D'SILVA, J. L. and COMFORT, A. Partition chromatography of adrenaline and nadrenaline. *J. Physiol.*, 111, April 15, 1950, p. 20p.
- *DUNHILL, SIR THOMAS. Pharyngeal diverticulum. *Brit. J. Surg.*, 148, April, 1950, pp. 404-415.
- EVANS, C. A. LOVATT. New National Institute for Medical Research at Mill Hill. *Brit. Med. J.*, May 6, 1950, pp. 1063-1067.
- FRANCIS, G. E. C. See Banks, T. E. (and others).
- *GARROD, L. P. and SHOOTER, R. A. The rate of excretion of a large dose of penicillin. *Brit. Med. J.*, May 20, 1950, pp. 1169-1170.
- *GRIFFITHS, E. Carcinoma of the adrenal cortex: Report of a case without endocrine changes. *Brit. J. Surg.*, 37, Jan., 1950, pp. 311-314.
- *— (and FALCONER, C. W. A.). The anatomy of the blood vessels in the region of the pancreas. *Brit. J. Surg.*, 37, Jan., 1950, pp. 334-344.
- and others. A trial of procaine penicillin preparations. *Brit. Med. J.*, April 1, 1950, pp. 761-763.
- HADFIELD, GEOFFREY. Thrombosis. *Ann. Roy. Coll. Surg. Eng.*, 6, April, 1950, pp. 219-234.
- HARRISON, NORMAN K. The selection of sensitive materials for medical photography. *Brit. J. Photography*, 97, May 12, 1950, pp. 235-239.
- Medical photography and the patient. *Nursing Mirror*, 91, June 9, 1950.
- Photography of skin conditions. *Functional Photography*, 1, June, 1950, pp. 28-29.
- HARTIDGE, H. Recent advances in the physiology of vision, Part 3. *Brit. Med. J.*, June 10, 1950, pp. 1331-1340.
- *HEADY, J. A. See Griffiths, E., and others.
- *HEWER, C. LANGTON. Trichlorethylene as an inhalation anaesthetic and analgesic. *Canad. Med. Assoc. J.*, 62, 1950, pp. 324-327.
- HOWELL, TREVOR H. The simple treatment for fibrositis. *Med. Press*, May 31, 1950, p. 514.
- *IVES, L. A. Neurinoma of the stomach. *Brit. J. Surg.*, 148, April, 1950, pp. 477-8.
- JEPSON, R. P. See Boyd, A. M., and —.
- *JONES, P. F. See Griffiths, E., and others.
- KERSLEY, G. D. The rationale, difficulties and possibilities of endocrine therapy in rheumatic diseases. *Med. Press*, May 17, 1950, pp. 461-462.
- and MANDEL, L. Steroid therapy in rheumatoid arthritis. *Lancet*, June 24, 1950, p. 1153.
- MULLIGAN, W. See Banks, T. E. (and others).
- *MURLEY, R. S. Post-operative venous thrombosis and pulmonary embolism with particular reference to current methods of treatment. *Ann. Roy. Coll. Surg. Eng.*, 5, May, 1950, pp. 283-322.
- O'CONNELL, J. E. A. The indication for, and the results of the excision of lumbar intervertebral disc protrusions: a review of 500 cases. Hunterian lecture . . . 16th February, 1950. *Ann. Roy. Coll. Surg. Eng.*, 6, June, 1950, pp. 403-412.
- OSWALD, NEVILLE. Pulmonary changes in the reticuloses. *Proc. Roy. Soc. Med.*, 43, March, 1950, pp. 208-213.
- RAVEN, RONALD W. Extended radical excision of the rectum for cancer. *Med. Press*, May 3, 1950, pp. 416-419.
- *— Cancer of the breast treated by oophorectomy. *Brit. Med. J.*, June 10, 1950, pp. 1343-1345.
- A surgeon in Columbia. *The Broadway*, June, 1950, pp. 243-45.
- ROSS, SIR JAMES PATERSON. Value of arteriography in diagnosis of peripheral vascular disease. *Practitioner*, 164, June, 1950, pp. 518-528.
- SHOOTER, R. A. See Garrod, L. P., and —.
- *— See Griffiths, E., and others.
- *SIMON, GEORGE. X-ray appearances of acquired atelectasis of the upper lobes. *J. Faculty Radiologists*, 4, April, 1950, pp. 223-230.
- *STORY, P. Histological reactions to injections of procaine penicillin in oil. *Brit. Med. J.*, June 24, 1950, pp. 1467-8.
- WEBER, F. PARKES. Hamartomata and organoid tumours. *Med. Press*, May 31, 1950, pp. 512-3.
- WORMALL, A. See Banks, T. E. (and others).
- *Reprints received and herewith gratefully acknowledged. Please address this material to the Librarian.

BOOK REVIEWS

THE RHEUMATIC DISEASES. by G. D. Kersley, William Heinemann. 3rd Edition, 1950, pp. xiii + 143, plates 26. Price 15s.

This book contains a great deal of information that is not to be found in the text-books of general medicine. Although the author does not set out to give a detailed survey of all the literature on rheumatology, he nevertheless reviews most of the important milestones in the development of the subject. There is in this edition a new chapter on the endocrinological and biochemical aspects of rheumatic disease which makes easy and interesting reading of a complicated field of research. The chapter on special treatments gives a brief summary of the value of physiotherapy and the spa. The format is good and the plates are clearly reproduced.

INTRODUCTION TO PHYSICAL BIOCHEMISTRY, by J. M. Johlin. 2nd Edition, Cassell & Co., 1949, pp. xii + 246. Price 27s. 6d.

The theme of this book is good, it deals with the physico-chemical background of biochemistry and physiology, and this is a topic which is of fundamental importance in medicine. Only recently, however, have text-books suitable for students' use been available and for this reason it is to be welcomed. However, the author's manner of expression lacks that subtle yet felicitous turn of phrase which makes the reading of a book a joyous adventure, and would turn a good book into a great book. The average student will find it hard reading, simply because the style is ponderous.

There are, however, interesting chapters on the respiratory functions of the blood; the acid base balance of the blood; oxidation reduction potentials, and on biological oxidation—reduction systems. This last chapter would be much improved if the cyclical method of presentation of O/R systems was used.

One error in the chapter on the physical and chemical properties of water is that there are used two diagrams to explain the association of water molecules which do not agree between themselves, and both are at variance with the accepted theory of association due to "resonance" or hydrogen bonding. The author takes for granted—intentionally as stated in the preface—many basic facts of physical chemistry, but this makes an ordered presentation of the materials more difficult and is to be deprecated.

A BIOGRAPHY OF SIR BENJAMIN WARD RICHARDSON, by Sir Arthur Salusbury MacNalty. Harvey & Blythe Ltd., 1950, pp. vii+92, frontispiece. Price 7s. 6d.

We welcome the revival of the Masters of Medicine series, and are gratified by its initiation at the hands of a distinguished medical historian writing on such an imposing character. Richardson completed his autobiographical *Vita medica* a few days before his death, and it was published in 1897. It provides most interesting reading, and relates the development of its author from the occasion at his mother's death-bed in 1838, when she told him of the plans she had made for his education as a doctor, to the closing days of his life. A life crammed with hard work, successes, and association with some of the most distinguished medical men of the nineteenth century. Richardson did not specialise, but he dabbled successfully in most branches of medicine, including pharmacology, tuberculosis, anaesthetics, public health, medical psychology, and medical history, contributing usefully to all. The story of his very full life is well worth retelling, and this biography, which includes a Bibliography of Richardson's extensive writings, presents a fascinating outline. The book is inexpensive compared with similar medical biographies, but is worthy of a photograph in place of the frightful woodcut on dust-cover and frontispiece.

J. L. T.

BRITISH MEDICAL ASSOCIATION PROCEEDINGS OF THE ANNUAL MEETING, 1949. London, Butterworth & Co. (Publishers) Ltd., 1950, pp. xxvi+468, 56 figures. Price 25s.

This volume constitutes a record of the proceedings of the B.M.A.'s 1949 Annual Meeting, and the main advantage of such a record is that it contains something for everybody. Commencing with the Presidential Address on Man and the Machine, by C. W. Curtis Kain, it includes discussions on Diabetes mellitus; Prostatic obstruction; Breech presentation and its management; Radiography and disproportion; Pruritus vulvæ; Cephalometry; Functional uterine hæmorrhage; Post-operative pulmonary complications; Control of obstetric pain; Scope and limitations of radiotherapy; Angiocardiography; Radiology of joints; Simulation of heart disease; Treatment of osteoarthritis; The Sprue syndrome; Common difficulties in infant feeding; Ophthalmology in relation

to diseases of the skin; Nasal allergy; and Structure and function of muscle, among other subjects. Contributions from Bart's men include E. B. Strauss on Intractable pain, Brain F. Russell on Psoriasis, C. H. Andrewes on Recent advances in knowledge of influenza, and G. D. Kersley on The Seventh International Congress on Rheumatic Diseases, the volume ending with a summary of Charles Hill's popular lecture on Health and happiness. The book is handsomely produced in accordance with the high standards set by the publishers, and at twenty-five shillings is remarkable value.

J. L. T.

THE ORDINARY DEVOTED MOTHER AND HER BABY, by D. W. Winnicott. Privately published, pp. 47. Price 1s.

This booklet presents in print nine talks recently given over the B.B.C. system by Dr. Winnicott. In the course of them he explains in simple terms the physiological and emotional development of a baby in his earliest months. The book suffers by being in exactly the form in which the talks were delivered. The colloquial style and oversimplification may irritate a medical reader. Nevertheless, his booklet, which embodies many of Dr. Winnicott's own ideas, gives a very clear and honest account of the way in which a physician attempts to explain the subject to his patients, and for this reason there is much to be learned from it.

PSYCHOLOGICAL ASPECTS OF CLINICAL MEDICINE, by Stephen Barton Hall. H. K. Lewis, 1949, pp. xii+416. Price 21s.

It is pleasant to be able without reserve to praise the work of a psychiatric colleague. The title of the book is itself praiseworthy: the author might have called it "Psychosomatic Medicine," which would have missed the whole point. Physicians are coming to realise more and more that the whole of medicine is psychosomatic, seeing that man is a psychosomatic unity. It is time, then, that more psychiatrists recognized the fact, that psychiatry, too, is psychosomatic. It is for that reason that any move to separate psychiatry from the main body of general medicine—such as by the formation of a separate Royal College—would be deplorably retrogressive. From Barton Hall's book one learns when and where it is more profitable to stress the psychic or the somatic ætiology of this or that disorder, and when and where the therapeutic emphasis should be psychic or somatic. Dr. Barton Hall reminds us that the B.M.A. Committee on Mental Health (1941) came to the conclusion that in any group of sick people "something like 30 per cent. will be found to be suffering from conditions about which it is helpful to have psychiatric advice." A psychiatrist has time to study and reach only the more highly specialised aspects of his subject. The psychological aspects of ordinary clinical conditions are the province of the general physician, the gynaecologist, the neurologist—in fact, of every clinician; and the medical student has a right to expect to receive psychiatric instruction in every clinical department of his teaching hospital. Until this desideratum is attained, Dr. Barton Hall's book will provide a valuable storehouse of that kind of knowledge.

E. B. STRAUSS.

This review also appeared in "Linacre."

AIDS TO HISTOLOGY, by Geoffrey H. Bourne.
5th Edition. Baillière, Tindall & Co., pp.
viii+158. Figs. 59. Price 5s.

Considering the price of the individual members of the Student's Aid's series, and of the erudition of the separate authors, most of these books are of remarkable value for the money. For the average student, who has worked intelligently with a standard text-book, the complementary "Aids" is extremely useful for formulating a skeleton revision. Although the *homo multarum literarum* tends to regard the series with something approaching derision, one suspects that, in some instances, he may be guilty of "scorning the base degrees by which he did ascend."

The book under consideration, however, is not quite up to the standard of some of its fellows. Some of the diagrams are quite good: most are inadequate. Had there been five times the number of good diagrams and a fifth of the explanatory text, the book would have been of real revisional value. As it stands, it cannot be fairly recommended to students preparing for a 2nd M.B. examination.

INDUSTRIAL HEALTH, AN INTRODUCTION FOR STUDENTS, by R. Passmore and Catherine N. Swanston. Livingstone, 1950, pp. vii+110. Price 4s. 6d.

This excellent little book covers the whole field of industrial medicine in just over 100 pages. It is clear, concise and readable. If the object is to interest the student in the problems of industrial health, then this book will achieve it.

The structure of industry, the social background, environmental hygiene and industrial legislation are very adequately dealt with, sometimes perhaps in too much detail for the student.

The space given to occupational diseases is a reasonable proportion as a measure of relative importance to the subject as a whole. Yet the student will need to learn more about occupational diseases than what he finds in this book. As occupational disease is the main link for the student between medicine and industry it might have been dealt with rather more fully.

In spite of this criticism, the book is worth a place in the library not only of the student, but of any member of the profession whose knowledge of the medical problems of industry is in need of improvement.

G. O. HUGHES.
MODERN PRACTICE IN DERMATOLOGY, edited by G. B. Mitchell-Heggs. Butterworth, 1950, pp. xxv+836. 7 colour plates and 319 figs. Price 63s.

Unless your reviewer is much mistaken, this is the first composite text-book of dermatology from the British School, and despite the faults of overlapping, differences of approach and other inequalities that are inevitable in a work in which most chapters are contributed by different authors, it is decidedly a book which can be recommended to those senior medical students and general practitioners who require a large volume on dermatology and not a manual. As a matter of course, the dermatologist will have it on his shelves.

The editor, Dr. G. B. Mitchell-Heggs, has introduced several innovations in the planning of his work, for he has included chapters on the cutaneous manifestations of systemic diseases, the social aspects of dermatology, psychosomatic disorders,

pharmacy, and diseases of the skin affecting the mucous membranes—subjects which receive but scant attention in the average text-book. Further, he has included three chapters on the skin diseases of hot countries, which will ensure that the work has a bigger appeal abroad than most British text-books.

It would be invidious to select various contributors for commendation, but it is pleasant to note that Bart's is most competently represented.

The publishers are to be congratulated on the format. They have used an expensive paper on which the many well-chosen illustrations have been excellently reproduced; the layout follows the accepted Butterworth style; the index is satisfactory.

In conclusion, one may say that this is a book which will serve its readers well in whatever part of the world they may happen to be.

A SHORT TEXTBOOK OF RADIOTHERAPY, by J. Walter and H. Miller. J. & A. Churchill, 1950, pp. xii+444. Illus. 199. Price 28s.

This book is based on lectures given to student radiographers studying for the M.S.R. or C.T. It will supply for this class of technicians a long-felt want.

The physics is described simply and clearly so that anyone with a basis of physical knowledge can clearly follow the text. Biology and pathology are followed by clear descriptions of the methods of radiation, radium and X-rays, principles of treatment and technique in malignant cases and benign conditions. The book ends with protection recommendations. For the post-graduate or medical student the book is, of course, elementary, but even they may derive benefit from the bird's eye view which is given of the intricacies of a speciality where there are so many differences, between centres as well as countries.

There has been a great need for such a book. Dr. Miller, the physicist to the Sheffield Radiotherapy Centre, and Dr. Walter, the Deputy Medical Director are to be congratulated for taking the initiative. It is an expensive book, but it will provide, supplemented by lectures and practical instruction, everything that trainee technicians require for their examinations.

I. G. WILLIAMS.
AIDS TO SANITARY SCIENCE AND LAW, by J. A. Struthers. Baillière, Tindall & Cox. 4th Edition, pp. vi + 380. Price 6s.

An excellent aid to the study of Public Health with the accent on the environmental rather than the personal services. Because of this, it is more useful to D.P.H. students and students of Sanitary Science *per se*, than for undergraduate medical students, for whom is recommended the following book.

AIDS TO PUBLIC HEALTH, by Llywelyn Roberts. 6th Edition, Baillière, Tindall & Cox, 1950, pp. viii + 304. Price 6s. 6d.

This useful little handbook has been necessarily widely revised on account of the passage of the National Health Act since its last edition. Public Health is approached by the student with some misgiving, but this brief and clear book goes some way towards dispelling this illusion—it is not a bizarre branch of medicine run by sanitary inspectors but necessary to all doctors, particularly general practitioners, in their daily work. The recent public health legislation is covered simply but adequately.

REGIONAL ILEITIS, by Burrill B. Crohn. Staples Press, 1949, pp. viii+225. Price 30s.

It is of very great interest to read a monograph on Regional Ileitis by Dr. Crohn, as it is to his name that the disease is so commonly referred.

The condition was first described by him in 1932 and during the intervening period, he has drawn on the many published observations by others in addition to those of his own. In this way he hopes to have gained a more comprehensive picture of the disease. In addition, he gives a description of the extension of the disease to the jejunum, and the colon. Newer methods of medical and surgical treatment are discussed.

The work mainly deals with Dr. Crohn's private patients and the careful observations carried out on them during the last fifteen years. In the chapter on Gross Pathology, more than one reference is made to the observations of Blackburn, Hadfield and Hunt, on specimens collected at St. Bartholomew's Hospital. Reference is also made to the little known "skip areas" as he calls them, which emphasises the character of the disease to miss segments of the small intestine on its proximal spread.

In the chapter on Clinical Features, reference is made to the perirectal abscesses and fistulae which are often prodromal manifestations occurring before the typical mild diarrhoea.

There is a chapter on X-ray studies, emphasising the characteristic "string-sign" with numerous illustrations.

In the chapter concerning treatment, he doubts the value of conservative forms of medical treatment. He points out how surgical treatment has differed and he outlines the trend over the last fifteen years. He leaves the reader to decide for himself which method to adopt but he lays stress on two points:—

- (1) That the division of the ileum proximal to the diseased area is a *sine qua non* to the success of any operation.
- (2) That there is a very high percentage of post-operative recurrences following short circuit procedures alone.

The remaining chapters deal with ileo-jejunitis and ileo-colitis. In the latter, he refers to Chronic Ulcerative Colitis and points out how closely allied this disease is to Regional Ileitis—especially with regard to aetiological factors. He looks upon Ulcerative Colitis as a subsidiary disease, pointing out that there were 22 cases of combined Ileitis and Colitis in the series of 306 cases of Ileitis.

There are over 250 references in the book, and it will be of the greatest interest to the abdominal surgeon and to those working for higher degrees.

A HISTOLOGY OF THE BODY TISSUES, by Margaret Gillison. 1st Edition, Livingstone, 1950, pp. xiv + 220, illus. 103. Price 15s.

This small book gives briefly and clearly such histology as is required by the Student of Physiotherapy, or Physical Training, for whom the detail in the standard text-books is not necessary.

The subject-matter is pleasantly set out, easy to read, and the diagrams are clear.

The description of the process of ossification of bone is perhaps not up to the standard of clarity of the other chapters.

The last chapter consisting entirely of diagrams is very good—well explained and labelled.

TRUDA WAREHAM.

THE COMMON DISEASES OF THE SKIN, by R. C. Low and G. A. G. Peterkin. 4th Edition, Oliver and Boyd, 1949, pp. x + 282, illus. 148. Price 21s.

This is a clear, well-illustrated book, containing the elements of dermatology necessary to student and general practitioner. Skin diseases are notoriously difficult to photograph well, but the plates of this book are excellent, and it is possible actually to understand what it is they are illustrating. The paragraph on microscopic pathology, which is included in each major disease, is of the greatest help. The multiplicity of ointments, pastes, liniments, etc., necessary for the treatment of every skin disease is always confusing, and this book does little to disperse the fog. But it is a useful book.

E. & S. Livingstone Ltd. (Publishers) will have pleasure in forwarding their latest revised catalogue to anyone who is interested.

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Fig. 1



Fig. 2



Fig. 3

Scald of head and neck

15TH NOVEMBER. 5 p.m. (C. W.), aged 2, scalded neck and scalp with hot soup. First Aid dressing of Sodii Bicarb. and unsterile cotton-wool applied.

7.50 P.M. Admitted to Hospital. General condition: An apparently healthy child; not shocked. Local condition: Blister burns of all occipital region. Deeper scalding of all the back of the neck with much oedema. (Fig. 1).

8.10 P.M. Given Omnopon gr. 1/15th and Scopolamine gr. 1/600th.

9.10 P.M. PLENIARY TREATMENT. Routine bacteriological swab taken. Hair cut short. Burnt area cleaned with 1% Cetavlon and dressed with

Penicillin cream (400 units per gramme), gauze, cotton-wool, crepe bandages, and immobilized in Gypsona P.O.P. (Fig. 2).

17TH NOVEMBER. Report from laboratory that Group A haemolytic streptococci had been cultured from swab taken on admission. Clinical condition satisfactory.

18TH NOVEMBER. Re-dressed with Penicillin cream. Gypsona P.O.P. applied over dressings to keep them perfectly in place thereby lessening the risk of the H.S. spreading to other cases in the ward. Dressings repeated at two day intervals until H.S. were temporarily eliminated.

PROGRESS. Swabs taken from scalp and neck during the next six weeks grew H.S. intermittently. Dressings with Penicillin cream were continued at frequent intervals. Final healing was delayed by the development of dermatitis and the difficulty of completely eliminating H.S. in the presence of penicillinase producing staphylococci.

26TH JANUARY. Patient discharged soundly healed.

FOLLOW UP. Seen in follow-up clinic several times until 14th December, when a final review showed a satisfactory result. (Fig. 3).

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